

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM			
1. Reason for Submittal and Status of Information Supplied (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.			
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: KSD984972737			
3. Site Name (see instructions on page 10)	Name: PEPL OLPE			
4. Site Location Information (see instructions on page 10)	Street Address: 985 RD 90			
	City, Town, or Village: OLPE		State: KS	
	County Name: LYON		Zip Code: 66865-	
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 486210		B.	
	C.		D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: P O BOX 4967 ENV SERVICES			
	City, Town, or Village: HOUSTON		State: TX	
	Country:		Zip Code: 77210-4967	
8. Site Contact Person (see instructions on page 11)	First Name: JESSE		MI:	Last Name: HUDNALL
	Phone Number: (913) 906-1560 Extension:			Email:
9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)	A. Name of Site's Operator: PANHANDLE EASTERN PIPE LINE COMPANY			Date Became Operator (mm/dd/yyyy): 06/01/1936
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	B. Name of Site's Legal Owner: PANHANDLE EASTERN PIPE LINE COMPANY			Date Became Owner (mm/dd/yyyy): 06/01/1936
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

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9. Legal Owner (Continued) Address	Street or P.O. Box: P O BOX 4967 ENV SERVICES		
	City, Town, or Village: HOUSTON		
	State: TX	Zip Code: 77210-4967	Country:

10. Type of Regulated Waste Activity
Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities

Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

☒ ☐ **1. Generator of Hazardous Waste**

If "Yes" choose only one of the following - a,b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or

☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

☐ ☒ d. United States Importer of Hazardous Waste

☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator

☐ ☒ **2. Transporter of Hazardous Waste**

☐ ☒ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note:
A hazardous waste permit is required for this activity

☐ ☒ **4. Recycler of Hazardous Waste (at your site)**

Note: A hazardous waste permit may be required for this activity.

5. Exempt Boiler and/or Industrial Furnace

☐ ☒ a. Small Quantity On-site Burner Exemption

☐ ☒ b. Smelting, Melting, Refining Furnace Exemption

☐ ☒ **6. Underground Injection Control**

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply)

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☒ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities - Mark all boxes that apply

☐ ☒ **1. Used Oil Transporter**
If "Yes", mark each that applies.

- ☐ a. Transporter
☐ b. Transfer Facility

☐ ☒ **2. Used Oil Processor and/or Re-refiner -**
If "Yes", mark each that applies.

- ☐ a. Processor
☐ b. Re-refiner

☐ ☒ **3. Off-Specification Used Oil Burner**

☐ ☒ **4. Used Oil Fuel Marketer**

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

A. Waste Codes for Federally Regulated Hazardous Wastes.

Please list the waste codes of the Federal hazardous wastes handled at your site.

[illegible]

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.

Please list the waste codes of the State-regulated hazardous wastes

12. Comments (see instructions on page 17)

[illegible]

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(see instructions on page 17)**

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	VICTORIA WAGNER	02/10/2006
	ENV MANAGER	



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2005 Hazardous Waste Report

SITE NAME

PEPL OLPE
985 RD 90
OLPE, KS 66865

EPA ID NO: KSD984972737

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description TOXIC MERCURY IN EQUIPMENT REMOVED FROM SERVICE; CONTAINS TCLP MERCURY		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code	
D. Source Code G15 Management Method code for Source code G25	E. Form Code W117	F. Quantity Generated in 2005 65.00	G. UOM 1 Density 0.00 lb./gal.

Sec. 2	Was any of this waste managed on-site? No	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site process system type	Quantity treated, disposed, or recycled on-site in 2005	On-site process system type Quantity treated, disposed, or recycled on-site in 2005

Sec. 3	A. Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? Yes		
Site # 1	B. EPA ID No. of facility to which waste was shipped IND093219012	C. Off-site Management Method code shipped to H010	D. Total quantity shipped in 2005 65.00

Comments

SITE NAME

PEPL OLPE
RD 90
OLPE

KS 66865

EPA ID NO: KSD984972737

U.S. ENVIRONMENTAL
PROTECTION AGENCY
2005 Hazardous Waste ReportFORM
OIOFF-SITE
IDENTIFICATION

Form 1	A. EPA ID No. of off-site installation or transporter IND058484114	B. Name of off-site installation or transporter HERITAGE TRANSPORT LLC
C. Handler Type N Generator Y Transporter N TSDR		D. Address of off-site installation Street 1626 RESEARCH WAY City INDIANAPOLIS State IN Zip 46231-

Form 2	A. EPA ID No. of off-site installation or transporter IND093219012	B. Name of off-site installation or transporter HERITAGE (IND) ENVIRO SERVICES LLC
C. Handler Type N Generator N Transporter Y TSDR		D. Address of off-site installation Street 7901 W MORRIS ST City INDIANAPOLIS State IN Zip 46231-